MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876) SERIAL NO.

09 805

APPLICANTIS) FILING DATE 934 1 20 750 CLAIMS AFTER IN AMENDMENT AFTER 2nd AMENDMENT A LED LOER MD. 1. J. S. L. DEP IND. DEP. WED. DER IND. IND. DEP. (1) 8 57 8 # 58 59 \$10 % HOUSE W \$11 No 1488(h) 142 60 #12 4 ### F #13 # ### ## #14 # ### ## 61 62 63 64 1.15 . 65 66 67 68 7 20 THE 69 421 # PROPE 70 922 4 400+ 523 4 400+ 71 72 124 # 14MH 73 74 25 4 1 75 26 × c 76 27 77 28 78 29 79 30 31 ' 80 81 32 -* 33 /4 82 83 34 14 35 🖈 🦛 84 85 36 Hs (3000) 37 時 議論 86 87 38 4 -4 88 Still 89 40 ž. 90 41 42 91 4 92 43 4 93 44 4 * 400 PT 45 * 94 -95 46 '9 IMM 96 2.47 74 PM 97 448 m diffe 98 .49 H .48 99 . 60 .a 100 1634 3 TOTAL 101A + 55# ŧ _! _1 J TOTAL DEP. TOTAL CLAIMS 2 March 1 * MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

to to suspect HETO-ING DELV. DYO

U.S. DEPARTMENT OF COMMERCE Patient and Trademark Office